



# Odyssey Equipment Financing Company

Scottsdale, AZ 85258

## CREDIT APPLICATION

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Salesperson: John Torbenson

|  |                                    |                                |                              |                      |  |               |                                |                   |              |
|--|------------------------------------|--------------------------------|------------------------------|----------------------|--|---------------|--------------------------------|-------------------|--------------|
| Legal Name of Business                     |                                    |                                |                              |                      | Contact:   |               |                                |                   |              |
| Mailing/Business Address, City, State, Zip |                                    |                                |                              |                      | Phone #<br>( )   |               |                                |                   |              |
| Equipment Location (if different)          |                                    |                                |                              | County               |  | Fax #<br>( )  |                                |                   |              |
| Type of Business                           |                                    |                                | Federal ID #                 |                      | Time in Business: (under current ownership)<br>_____ yrs _____ mo. |               | Cell Phone#<br>( )             |                   |              |
| <input type="checkbox"/> Prop.             | <input type="checkbox"/> Prtnrshp. | <input type="checkbox"/> Corp. | <input type="checkbox"/> LLC | State Registered in: |  | Date:         |                                | Email Address     |              |
| Principal/Officer/Partner                  |                                    |                                | Title                        | % Owner              | Social Security  |               | Home Address, City, State, Zip |                   | Own or Rent? |
|  |                                    |                                |                              |                      |  |               |                                |                   |              |
|  |                                    |                                |                              |                      |  |               |                                |                   |              |
| Business Bank (Need 2 yr History)          |                                    |                                | How Long                     | Telephone #          |  | Account #     |                                | Contact           |              |
| Bank                                       |                                    |                                |                              | ( )                  |  |               |                                |                   |              |
| Business Loan(s) (if any)                  |                                    |                                |                              | ( )                  |  | Loan Amt.(s)  |                                |                   |              |
| Trade References (Not C.O.D's)             |                                    |                                | How Long                     | Telephone #          |  | Account #     |                                | Contact           |              |
|  |                                    |                                |                              | ( )                  |  |               |                                |                   |              |
|  |                                    |                                |                              | ( )                  |  |               |                                |                   |              |
|  |                                    |                                |                              | ( )                  |  |               |                                |                   |              |
| Landlord (business location):              |                                    |                                |                              |                      |  |               |                                |                   |              |
| Equipment Leases/Loans                     |                                    |                                | How Long                     | Telephone #          |  | Account #     |                                | Loan or Lse. Amt. |              |
|  |                                    |                                |                              | ( )                  |  |               |                                |                   |              |
| Equipment Supplier: (if Known)             |                                    |                                |                              | City, State:         |  | Contact name: |                                | Phone #<br>( )    |              |
| Type of Equipment                          |                                    |                                |                              |                      |  |               | Total Equip. Cost<br>\$        |                   |              |
| Lease / Contract Term                      | Residual                           | New                            | Used                         | Recond.              |  |               |                                |                   |              |

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Odyssey Equipment Financing Company, its designee, assigns, or potential assigns, to review his/ her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

BY: \_\_\_\_\_  
Customer's Signature (Title)

\_\_\_\_\_   
Print Name

BY: \_\_\_\_\_  
Customer's Signature (Title)

\_\_\_\_\_   
Print Name